

**BUS DISCIPLINARY REFERRAL
GULF SHORES CITY SCHOOLS**

DATE	TIME	BUS NUMBER	BUS DRIVER
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STUDENT'S NAME	SCHOOL	OFFENSE
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Parent or guardian: Your child has been reported to the school office for a disciplinary incident on the school bus. This behavior cannot continue. Your cooperation is appreciated.

- | | |
|---|--|
| <input type="checkbox"/> Violation of safety procedures | <input type="checkbox"/> Offensive touching |
| <input type="checkbox"/> Disrespectful/Insubordination | <input type="checkbox"/> Public display of affection |
| <input type="checkbox"/> Fighting/Pushing/Tripping | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Threatening and Intimidating | <input type="checkbox"/> Making loud unnecessary noises |
| <input type="checkbox"/> Possession of inappropriate articles | <input type="checkbox"/> Littering on the bus |
| <input type="checkbox"/> Violation of school policies | <input type="checkbox"/> Hanging head/arms out of window |
| <input type="checkbox"/> Refusing to obey bus driver | <input type="checkbox"/> Refusal to remain seated |
| <input type="checkbox"/> Throwing objects within the bus | <input type="checkbox"/> Rude/discourteous/annoying |
| <input type="checkbox"/> Throwing objects outside of the bus | <input type="checkbox"/> Public display of affection |
| <input type="checkbox"/> Spitting/biting/scratching | <input type="checkbox"/> Eating/drinking on the bus |
| <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Other (Be specific) _____ |

(Written explanation of incident must be provided below)

BUS DRIVER SIGNATURE: _____

ACTION TAKEN BY THE ADMINISTRATION:

- | | |
|---|---|
| Date: _____ | Time: _____ |
| <input type="checkbox"/> Warning issued | <input type="checkbox"/> Changed student's seat |
| <input type="checkbox"/> Conference with student | <input type="checkbox"/> Video available to view |
| <input type="checkbox"/> Telephoned/communication w/ parent | <input type="checkbox"/> Conference with bus driver – written |
| <input type="checkbox"/> Future referral will result in bus suspension | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bus Suspension Days: _____ Effective Dates: _____ to _____ | |
| <input type="checkbox"/> Your child will have the privilege of riding the bus on: _____ | |

Comments:

Administrator's signature: _____ Parent's Signature: _____